PTO/SB/17 (10-08)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Complete if Known   Total Consolidated Appropriations Act, 2005 (H.R. 4818).   Application Number   10/695,744-Conf. #7652	Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number										
FEE TRANSMITTAL   Filing Date   October 30, 2003   First Named Inventor   Patrizia PATERLINI-BRECHOT   Examiner Name   C. J. Mysrs   Art Unit   1634   Tunit   1634   Tun						Complete if Known					
Applicant claims small entity status   See 37 CFR 1.27   Art Unit   1634   TOTAL AMOUNT OF PAYMENT   (\$) 1,110.00   Attorney Docket No.   2121-0178P   TOTAL AMOUNT OF PAYMENT   (\$) 1,110.00   Attorney Docket No.   2121-0178P   TOTAL AMOUNT OF PAYMENT   (\$) 1,110.00   Attorney Docket No.   2121-0178P   TOTAL AMOUNT OF PAYMENT (check all that apply)    Check	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).										
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1634	F	EE TRA	NSM	ITTAL							
Applicant claims small entity status. See 37 CFR 1.27											
Note   Other (please identify):						<del> </del>		<u> </u>			
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order O2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  x Charge fee(s) indicated below x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FlLING FEES Small Entity Pee (\$) Fee	Applicant claims small entity status. See 37 CFR 1.27					Art Unit	1634				
Check	TOTAL AMOUNT OF PAYMENT (\$) 1,110.00				)	Attorney Docket	2121-0178P				
Deposit Account   Deposit Account Number:   O2-2448   Deposit Account Name:   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit   Total Claims paid for, if greater than 20.   Indep. Claims   Extra Claims paid for, if greater than 20.   Indep. Claims   Extra Claims paid for, if greater than 20.   Indep. Claims   Extra Claims paid for, if greater than 20.   Indep. Claims   Extra Claims paid for, if greater than 20.   Indep. Claims   Extra Claims	Check Credit Card Money Order None Other (please identify):										
X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit and credit any overpayments   X   Credit and credit and credit and credit and credit and contains   Credit and	X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
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SEARCH   FEES   Small Entity   Fee (\$)   Fee											
FILING FEES   Small Entity   Fee (\$)   Fee											
Note		,	•			ARCH FEES	EXAMIN	ATION FEES			
Utility   330   165   540   270   220   110		· <del>-</del>	<b>二</b> - (余)				- (*)		_		
Design   220   110   100   50   140   70		ion Type						· · · · · · · · · · · · · · · · · · ·	rees	Paid (\$)	
Plant         220         110         330         165         170         85           Reissue         330         165         540         270         650         325           Provisional         220         110         0         0         0         0           2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)         Multiple Dependent Claims           Multiple dependent claims         Fee (\$)         Fee Paid (\$)         Multiple Dependent Claims           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Fee Paid (\$)           Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           1         -6 or HP =         x         =										<del></del>	
Reissue       330       165       540       270       650       325         Provisional       220       110       0       0       0       0         2. EXCESS CLAIM FEES       Small Entity         Fee Description       Fee (\$)       Fee (\$)       Fee (\$)       Fee (\$)       Fee (\$)       Small Entity         Fee (\$)       Fee (\$)       Fee (\$)       10         Multiple dependent claims       390       195         Total Claims       Extra Claims       Fee (\$)       Multiple Dependent Claims         Fee (\$)       <	_					50	140				
Provisional         220         110         0         0         0         0         0         0         0         2         Excress CLAIM FEES         Small Entity Fee (\$)         10         Multiple dependent claim over 3 (including Reissues)         10         Multiple dependent claims         390         195           Multiple dependent claims         Extra Claims         Fee (\$)         Fee Paid (\$)         Multiple Dependent Claims         Fee Paid (\$)         Fee Pa	Plant		220	110	330	165	170	85			
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	Reissue		330	165	540	270	650	325			
Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         52         26           Each independent claim over 3 (including Reissues)         220         110           Multiple dependent claims         390         195           Total Claims         Extra Claims         Fee (\$)         Multiple Dependent Claims           24 - 34 or HP         x         =         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Fee Paid (\$)         Fee Paid (\$)         Fee Paid (\$)           Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)         Fee Paid (\$)	Provisio	nal	220	110	0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)											
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	T CO DCSC I PUOT										
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HP = highest number of total claims paid for, if greater than 20.  Indep. Claims	Total Cla	ims Extr	ra Claims	Fee (\$)	F	ee Paid (\$)	Mt	ultiple Depende	ent Claims	<u> </u>	
Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           1         - 6 or HP =         x         =											
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3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
- 100 = /50 = (round <b>up</b> to a whole number) x =											
4. OTHER FEE(S)  Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00											
SUBMITTED BY	SUBMITTED	BY									
Signature Stark Tytuken by M Huy Registration No. 28,977 Telephone (703) 205-8000											
Name (Print/Type) Gerald M. Murphy, Jr. Date $\Delta PR = 1.5.2009$	Name (Print/Type) Gerald M. Murphy, Jr.							Date APR 1 5 2009			